

Hope & Home Monthly Emergency Drill Log

Family Name: _____ Month/Year _____

Date/Drill (mm/dd/yy) (fire, tornado, flood?)	Participants/Ages (Include adults' & children's first names)	Plan of escape (e.g., Ginny gets baby; John gets kids)	Start time (am/pm)	Meeting place & finish time (e.g., mailbox, neighbor's driveway, etc)
January/Fire Date:				
February/Fire Date:				
March/Flood Date:				
April/ Tornado Date:				
May/Tornado Date:				
June/Fire Date:				
July/ Fire Date:				
August/ Flood Date:				
September/Flood Date:				
October/ Fire Date:				
November/Fire Date:				
December/Fire Date:				

Home Supervisor Approval Signature _____ Date _____

Hope & Home Medication Administration Record (MAR)		Family:											Father's Initials:		
Month/Year:		Child's Name:											Mother's Initials:		

Med:	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Dose															
Exact time															
Initial															
Notes:															
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Dose															
Exact time															
Initial															
Notes															

Hope & Home Medication Administration Record (MIAR)	Family:		Mother's Initials:	Father's Initials:
Month/Year:	Child's Name:			

Important!

- ✓ Always double check the med, dosage, & time
- ✓ Always record the exact time (7:03p, 8:59a)
- ✓ Always report a missed dose to HH
- ✓ Always report an incorrectly administered dose to HH
- ✓ Always provide SIGNED authorization from physician regarding all meds administered, including OTC changes, including adding new meds, discontinuing or weaning off existing meds, dose changes, or any other changes regarding medication
- ✓ Always record in the notes section anytime a child refuses meds, any changes in meds, any adverse reactions to meds



Month _____ **Monthly Progress Notes** Year _____

Foster Family _____ Child: _____

Medical appointments were: _____

Area(s) of Progress: _____

Area(s) of Concern: _____

Foster Parent Signature

Home Supervisor Signature

HOPE & HOME
4945 N. 30TH Street
COLORADO SPRINGS, COLORADO 80919
PHONE: 719-575-9887
FAX 719-575-0553

Birth Family Contact Record

Document each contact between the child in care and the child's birth family. Record on this form whether the contact with bio parent family was in person, by phone or letter, etc. Indicate whether the contact was scheduled or not, and supervised or unsupervised. Please note the child's reaction to the contact, behavioral or verbal or both.

Name of Child _____ Name of Contact _____
Date: _____ (Circle Applicable) In person ___ By Phone ___ Letter _____
Scheduled ___ Not Scheduled ___ Supervised ___ Not Supervised _____
Reaction to the contact, behavioral or verbal or both: (explain below)

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Date: _____ (Circle Applicable) In person ___ By Phone ___ Letter _____
Scheduled ___ Not Scheduled ___ Supervised ___ Not Supervised _____
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